

121503
16138 U.S. PTO

PTO/SB/05 (06-03)
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. CWRU-P01-019	
		First Inventor Aaron Weinberg	
		Title COMPOSITIONS AND METHODS FOR TREATING HIV INFECTIONS	
		Express Mail Label No. EV302402433US	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 57] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 5. Oath or Declaration [Total Sheets] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATIONS PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: 	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation
 ☐ Divisional
 ☐ Continuation-in-part (CIP)
 of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number: 28120		OR <input type="checkbox"/> Correspondence address below			
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Name (Print/Type) Anita Varma		Registration No. (Attorney/Agent) 43,221	
Signature		Date December 15, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV302402433US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 12-15-03 Signature: Maura A. Gallagher (Maura A. Gallagher)

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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	Concurrently Herewith
385.00		First Named Inventor	Aaron Weinberg
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	CWRU-P01-019
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP		Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Description Fee Paid	
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month 1252 420 2252 210 Extension for reply within second month 1253 950 2253 475 Extension for reply within third month 1254 1,480 2254 740 Extension for reply within fourth month 1255 2,010 2255 1,005 Extension for reply within fifth month 1401 330 2401 165 Notice of Appeal 1402 330 2402 165 Filing a brief in support of an appeal 1403 290 2403 145 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable 1453 1,330 2453 665 Petition to revive - unintentional 1501 1,330 2501 665 Utility issue fee (or reissue) 1502 480 2502 240 Design issue fee 1503 640 2503 320 Plant issue fee 1460 130 1460 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 770 2810 385 For each additional invention to be examined (37CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) _____ *Reduced by Basic Filing Fee Paid	
1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Description Fee Paid 1001 770 2001 385 Utility filing fee 385.00 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee SUBTOTAL (1) (\$) 385.00		SUBTOTAL (3) (\$) 0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims -20** = <input type="text"/> x <input type="text"/> = <input type="text"/> Independent Claims -3** = <input type="text"/> x <input type="text"/> = <input type="text"/> Multiple Dependent <input type="text"/> = <input type="text"/> Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Description Fee Paid 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Anita Varma		Registration No. (Attorney/Agent) 43,221	Telephone (617) 951-7796
Signature <i>Anita Varma</i>		Date	December 15, 2003

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Dated: 12-15-03 Signature: *Maura A. Gallagher* (Maura A. Gallagher)